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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-359 and CMS-360]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Extension without change of a currently approved collection. Title of Information Collection: Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms. Use: CMS-359 serves as the application for facilities wishing to participate in the Medicare/Medicaid program as CORFs. The form initiates the process for obtaining a decision as to whether the conditions of participation are met. It also promotes data reduction (key punching) or introduction to and retrieval from the Medicare/Medicaid Automated Certification System, ASPEN, by the CMS Regional Offices. Should any question arise regarding the structure of the organization, this information is readily

available without going through the process of completing the form again.

CMS-360 is used by the State survey agency to record data collected to determine provider compliance with individual conditions of participation and to report it to the federal government. CMS has the responsibility and authority for certification decisions which are based on provider compliance with the conditions of participation. The information needed to make these decisions is available to CMS only through the information abstracted from the survey checklists. The form is primarily a worksheet designed to facilitate key punching into ASPEN by the state agency after the survey is completed. Form Number: CMS-359 (CORF Eligibility Form) and CMS-360 (CORF Survey Report Form); (OCN 0938-0267); Frequency: Occasionally. Affected Public: Private Sector (Business or other for-profits). Number of Respondents: 295. Total Annual Responses: 42. Total Annual Hours: 137. (For policy questions regarding this collection contact Georgia Johnson at 410-786-6859. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on **[insert date 30 days after date of publication in the Federal Register.]**

OMB, Office of Information and Regulatory Affairs

Attention: CMS Desk Officer

Fax Number: (202) 395-6974

E-mail: OIRA_submission@omb.eop.gov

Dated: August 28, 2012

Martique Jones

Director, Regulations Development Group, Division B

Office of Strategic Operations and Regulatory Affairs

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